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27476 7590 08/29/2005

Chiron Corporation
 Intellectual Property - R440
 P.O. Box 8097
 Emeryville, CA 94662-8097

12/01/2005 HVUONG2 00000057 10643465

01 FC:1504 300.00 OP
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Michelle L. Couch (Depositor's name)
 Michelle L. Couch (Signature)
 November 29, 2005 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|-----------------------------|------------------|
| 10/643,465 | 08/19/2003 | Dan M. Granoff | 2300-1238.11 PP01238.115 | 4108 |

TITLE OF INVENTION: METHODS FOR ISOLATING MOLECULAR MIMETICS OF UNIQUE NEISSERIA MENINGITIDIS SEROGROUP B EPITOPES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 11/29/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------------|----------|----------------|
| DEVI, SARVAMANGALA J N | 1645 | 435-007100 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Roberta L. Robins

2 Nicole M. Fortune

3 Alisa A. Harbin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chiron Corporation

Emeryville, California (US)

Children's Hospital Medical Center of Northern California

Oakland, California (US)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

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- ☒ A check in the amount of the fee(s) is enclosed. Check No. 8959 in the amount Of \$1715.00.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1664 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Nicole Fortune

Date

11/29/05

Typed or printed name

Nicole M. Fortune

Registration No.

52,905

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